

DEPARTMENT OF THE ARMY

OFFICE OF THE SURGEON GENERAL 5109 LEESBURG PIKE FALLS CHURCH, VA 22041-3258

DASG-PPM-NC

23 December 2003

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: Management of Influenza Vaccine

- 1. Reference. Memorandum, Office of The Surgeon General, 26 August 2003, subject: Policy for Influenza Vaccination, 2003-2004 Season.
- 2. Background. The nationwide increase in the number of influenza cases has led to a higher demand for influenza vaccination than in previous years. Greater demand has affected our ability to provide vaccine to all beneficiaries who wish to be immunized. In this environment of high demand for a limited resource, we must prioritize immunizations to ensure that those at higher risk of influenza complications are vaccinated appropriately, and that we execute our Title X responsibilities to protect the force.
- 3. Guidance for prioritization of inactivated (injectable) influenza vaccine: Medical Treatment Facilities (MTFs) commanders should prioritize vaccination of the following high-risk groups:
- a. Medically high-risk beneficiaries, including children age 6 to 23 months, adults age 65 years and over, pregnant women in the 2nd and 3rd trimesters, and individuals age 2 years and older with underlying chronic medical conditions.
- b. Individuals at greatest risk of transmitting influenza to those at high risk, including healthcare workers performing direct patient care and household contacts of high-risk persons named above.
- c. Deploying active-duty personnel, including mobilizing Reserve Component Soldiers and recruits.
- 4. This year's Army influenza policy (para. 1) excluded FluMist®, an attenuated vaccine administered intranasally, and indicated for use in healthy individuals 5 49 years old. The Army will be obtaining a supply of this product. Healthy military members, including active-duty, mobilizing Reserve Component, trainee, and recruit populations should be considered for FluMist®, to help reserve the inactivated vaccine for the medically high-risk persons for whom FluMist® is contraindicated, listed in para. 3.a.

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- 5. MTFs should prioritize their orders and submit directly to US Army Medical Materiel Agency (USAMMA), ATTN: MAJ Patrick Garman (<u>Patrick.Garman@amedd.army.mil</u>), (301) 619-4307/4317; DSN 343. USAMMA will coordinate directly with the Proponency Office for Preventive Medicine (POPM) to fill requests from MTFs.
- 6. Public affairs offices should be encouraged to inform the community on the details and rationale for prioritization. Include information on non-vaccine preventive measures such as frequent hand washing and practicing good "respiratory etiquette" by covering one's mouth and nose when coughing or sneezing. Adults and children with fever and respiratory symptoms should remain at home to prevent the spread of this disease in the community.
- 7. My point of contact for this memorandum is COL P.K. Underwood, Preventive Medicine Staff Officer, POPM, (Paula.Underwood@otsg.amedd.army.mil), DSN 761-3160 or commercial (703) 681-3160.

FOR THE SURGEON GENERAL:

KENNETH L. FARMER, JR., M.D.

Major General

Deputy Surgeon General

DISTRIBUTION:

Commanders, MEDCOM Major Subordinate Commands

Commander, 18th MEDCOM, ATTN: Surgeon

Director, National Guard Bureau, ATTN: Surgeon, 111 South George Mason Drive, Arlington, VA 22204-1382

Chief, U.S. Army Reserve Command, ATTN: Surgeon, 1401 Deshler Street, South West, Fort McPherson, GA 30330-2000

Commander, U.S. Army Training and Doctrine Command, ATTN: Surgeon, 7 Fenwick Road, Fort Monroe, VA 23651-5000

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